

\$100.00 Annual Fee  
\$20.00 Daily Fee



## Mobile Food Vendors Application

### Planning and Zoning

MOBILE FOOD VENDORS ARE NOT ALLOWED TO OPERATE ON CITY PROPERTY OR  
CITY RIGHT-OF-WAY WITHOUT A WAIVER

#### APPLICATION TYPE:

☐ DAY (Date: \_\_\_\_\_) ☐ ANNUAL (Year: \_\_\_\_\_)

#### APPLICANT INFORMATION:

Name: \_\_\_\_\_ Personal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### BUSINESS INFORMATION:

Name: \_\_\_\_\_ Owners: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Vehicle/Trailer License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Description of Vehicle/Trailer: \_\_\_\_\_

Food Safety & Consumer Protection Permit No: \_\_\_\_\_ Expiration: \_\_\_\_\_

Sales Tax Number: \_\_\_\_\_ Product Sold: \_\_\_\_\_

Liability Insurance Company: \_\_\_\_\_

Days of Operation:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Hours of Operation:

Open \_\_\_\_\_ ☐ AM ☐ PM Close \_\_\_\_\_ ☐ AM ☐ PM

Location(s) of Operation: \_\_\_\_\_

☐ Applicant owns the property ☐ Applicant is leasing and/or has permission to use property

If leasing and/or has permission to use property, Does applicant have written consent of property owner?

☐ Yes ☐ No

Property Zoned:

☐ C-1 (Central Business) ☐ C-2 (General Commercial) ☐ R/O (Residential/Office)

☐ I-1 (Light Industrial) ☐ I80X (Interstate Interchange)

**REQUIRED ATTACHMENTS:**

- |  |   |
|--|---|
| <input type="checkbox"/> Driver's License                                | <input type="checkbox"/> Food Safety & Consumer Protection Permit |
| <input type="checkbox"/> Nebraska Sales Tax Permit of Proof of Exemption | <input type="checkbox"/> Insurance Policy                         |
| <input type="checkbox"/> Written Property Owner Consent                  | <input type="checkbox"/> Vehicle Registration                     |

**WAIVER REQUESTS:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

The facts set forth above in my application for Mobile Food Vendors are true and complete. I understand false statements shall be considered sufficient cause for denial and /or revocation. I acknowledge and agree to allow the City of Aurora Police/Staff to search my criminal history and photograph to determine my eligibility to obtain a permit. To the fullest extent permitted by laws and regulations, Applicant shall indemnify and hold harmless the City of Aurora and its officers, employees and agents from and against all claims, suits, damages, cost, demands, losses and expenses, direct, indirect or consequential (including but not limited to fees and charges of attorneys and other professionals and court and arbitration costs) arising out of or resulting from the performance under this registration permit. The Applicant is entirely and solely responsible for all acts while engaged in the operation of vending with the City of Aurora.

**DISCLAIMER:**

I hereby release the City of Aurora from any liability relating to any action caused or charged against me or my business as a result of any sales herein described.

\_\_\_\_\_  
(Signature)\_\_\_\_\_  
(Date)

- Equipment/Vehicle subjected to be inspected.
- Upon receipt display Occupation Tax, Food Safety & Consumer Protection Permit and Sales Tax Number.
- Permit not transferable
- Renewals must be submitted to the City prior to the expiration of the applicants existing permit (i.e. end of current calendar year).

I HAVE READ AND UNDERSTAND CHAPTER 123 FOR MOBILE FOOD VENDORS SET FORTH BY THE CITY OF AURORA, NEBRASKA MUNICIPAL CODE.

\_\_\_\_\_  
(Signature)\_\_\_\_\_  
(Date)**OFFICE USE**ATTACHMENTS REQUIRED:

- |  |   |
|--|---|
| <input type="checkbox"/> Driver's License                                | <input type="checkbox"/> Food Safety & Consumer Protection Permit |
| <input type="checkbox"/> Nebraska Sales Tax Permit of Proof of Exemption | <input type="checkbox"/> Insurance Policy                         |
| <input type="checkbox"/> Written Property Owner Consent                  | <input type="checkbox"/> Vehicle Registration                     |

NON-REFUNDABLE FEES:☐ \$20.00 Per Day      ☐ \$100.00 Per Year      Receipt #: \_\_\_\_\_

Permit Application Expires on: \_\_\_\_\_      Copy Provided to Applicant on: \_\_\_\_\_